

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST HOMER NICKNAME CLARK LAST MI L SUFFIX	OFFICE USE ONLY Date Received RECEIVED OCT 30 2001 CITY SECRETARY Date Hand-delivered or Date Posted	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12515 FONDREN STE. F HOUSTON, TX 77035		
5 CAMPAIGN TREASURER NAME	TITLE FIRST JOHN NICKNAME VAUGHN LAST MI W SUFFIX	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8510 QUAILCREST DR. MISSOURI CITY, TX 77489		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 728-3230		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 9 / 01 10 / 26 / 01		
10 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 01 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL DISTRICT D	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

HOMER L. CLARK

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

25.002. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1,349.39EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

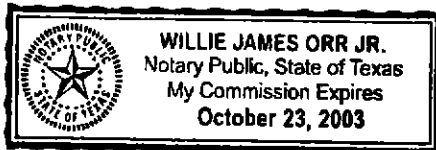
2,574.14OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1,792.07

19 AFFIDAVIT

Expires 10-23-2003

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Homer L. Clark
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said HOMER L. CLARK, this the 30 day of OCTOBER, 2001, to certify which, witness my hand and seal of office.

Willie James Orr Jr
Signature of officer administering oath

WILLIE JAMES ORR JR
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

HOMER L. CLARK

3 ACCOUNT # (Ethics Commission files)

4 Date

10/16/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

SENETTA O. CLIFTON

6 Contributor address; City; State; Zip Code

[REDACTED] HOUSTON, TX 77045

7 Amount of
contribution (\$)

25

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)**4** Date

10/22/01

5 Payee name

RAINBOW SERVICE

6 Payee address; City; State; Zip Code

14000 S. POST OAK #102 HOUSTON, TX 77045

7 Amount (\$)

900

8 Purpose of payment (See instructions regarding type of information required.)

SIGNST FLYERS DISTRIBUTION

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/26/01

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

8202 KIRBY DR STE 240 HOUSTON, TX 77054

Amount (\$)

324.75

Purpose of payment (See instructions regarding type of information required.)

PRINTING

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment (See instructions regarding type of information required.)****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment (See instructions regarding type of information required.)****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

HOMER L. CLARK

3 ACCOUNT # (Ethics Commission files)

4 Date

11/26/01

5 Payee name

RAINBOW SERVICE

6 Payee address; City; State; Zip Code

14000 S. POST OAK # 102 HOUSTON, TX 77045

7 Purpose of expenditure (See instructions regarding type of information required.)

SIGNS & FLYERS DISTRIBUTION

8 Amount (\$)

1200

☒ Reimbursement
from political
contributions
intended

Date

10/30/01

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

8202 KIRBY DR. STE. 1240 HOUSTON, TX 77054

Purpose of expenditure (See instructions regarding type of information required.)

PRINTING

Amount (\$)

149.39

☒ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED